



NOTICE

This **Initial ATM Registration Application** is conveniently provided to you in a user-friendly **Interactive Format**. The application **CAN** be **COMPLETED** online but **CANNOT** be submitted electronically at this time. You **must** print out the completed form and submit it with all required documentation and information requested in the application and instructions document.

REMINDER: Applicants should read the [instructions](#) in their entirety before completing the application.

Should you encounter any problems completing the application form online, please contact us with questions or feedback. We encourage users to contact us by [email](#), or by contacting the number listed on the application.

Scroll down to begin



DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
Banking Bureau
PO Box 96378
Washington, D.C. 20090-6378

OFFICIAL USE ONLY

Telephone: (202) 727-8000 Fax: (202) 535-1197 Email: BankingBureau@DC.gov Internet: www.disb.dc.gov

NON-DEPOSITORY - INITIAL ATM REGISTRATION APPLICATION

IMPORTANT: This application is available on our website at www.disb.dc.gov in a user-friendly interactive format. The form **CAN be COMPLETED** online but **CANNOT** be submitted electronically at this time. You **MUST** print out the completed form and follow the instructions explicitly in the preparation and filing of this application. **The instructions document is an integral part of the initial registration application.** With the exception of signatures, all responses **must** be **typed** or **printed** legibly in dark ink. Enter "N/A", "None", or "No" where applicable. If additional space is needed to respond to a question, complete the response on a separate sheet of paper and clearly reference the section and item number.

INCOMPLETE, ILLEGIBLE, WHITED OUT OR FAXED APPLICATIONS WILL NOT BE ACCEPTED FOR PROCESSING. THE APPLICATION WILL BE RETURNED TO THE APPLICANT TO BE COMPLETED AND RE-SUBMITTED.

SECTION 1 – REGISTRATION FEES: Complete and make check payable for the applicable amount to the DC TREASURER

INITIAL ATM REGISTRATION FEE: \$ 500.00

Plus **additional ATM locations** submitted with this application X \$50 per ATM location: \$

TOTAL FEES REMITTED: \$

SECTION 2 – DEMOGRAPHIC INFORMATION AND PROFILE.

1.	APPLICANT'S Full Legal Name:				
	Trade name, D/B/A, or Assumed name of applicant, if any: <i>(Attach a copy of registration documentation or certificate as proof of assumed name)</i>				
2.	Address of ATM Location:			Contact Person: <i>(The Registration DECAL <u>WILL</u> be mailed to this location unless otherwise specified)</i>	
	Street Address:			Name:	
	City: Washington	State: DC	Zip Code:	Street Address:	
	Business Phone #: () -	Business Fax#: () -		City:	State: Zip Code:
	Email Address:			Phone #: () -	Fax #: () -
3.	Entity Structure: <i>(check one and complete)</i> <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Trust <input type="checkbox"/> Sole Proprietorship or Individual <input type="checkbox"/> Other _____ [List here and explain on a separate sheet of paper]				
	Tax ID Information: List Federal Tax ID Number (FEIN) or Social Security Number (SSN): FEIN# _____ SSN# _____				
	Does the Applicant have a parent company or corporate owner ? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", provide name and address of the parent company (below).			Is the Applicant's parent company Publicly Traded ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name:				
	Street Address:				
	City:	State:	Zip Code:	Phone #: () -	Fax #: () -
	Person authorized to handle Registration Compliance issues:			Person authorized to handle Consumer Complaints & Inquiries:	
	Name and Title:			Name and Title:	
	Street Address:			Street Address:	
	City:	State:	Zip Code:	City:	State: Zip Code:
	Phone #: () -	Fax #: () -		Phone #: () -	Fax #: () -
	Email Address:			Email Address:	

4.	Please provide the information below for the president, senior vice president, secretary, treasurer and directors. Also provide this information for any other person(s) owning or controlling 10% or more of the equity ownership of the organization: <i>(Please attach a separate sheet of paper if additional space is needed.)</i>					
Full Name:			Title:		Percentage Owned: %	
Business Address:						
Residence Address:						
Business Phone #: () -			Residence Phone #: () -			
Full Name:			Title:		Percentage Owned: %	
Business Address:						
Residence Address:						
Business Phone #: () -			Residence Phone #: () -			
Full Name:			Title:		Percentage Owned: %	
Business Address:						
Residence Address:						
Business Phone #: () -			Residence Phone #: () -			
5.	Other Licenses: List any license(s) or registration(s) excluding ATM registration(s) the applicant maintains in other jurisdiction(s):					
	State	Type of License/Registration	License Number	Issue Date	Expiration Date	Business Address
				/ /	/ /	
				/ /	/ /	
				/ /	/ /	
				/ /	/ /	
				/ /	/ /	
6.	Is the applicant the owner or partner holding <u>10% or more equity</u> interest in another company or business? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes", provide the information listed below for each entity: <i>(If additional space is needed, complete on a separate sheet of paper)</i>					
7.	Name of Business:			Name of Business:		
	Street Address:			Street Address:		
	City:	State:	Zip Code:	City:	State:	Zip Code:
	Phone #: () -	Fax #: () -		Phone #: () -	Fax #: () -	
8.	Is any business referenced above, the holder of a license regulated by the District of Columbia Department of Insurance, Securities and Banking? <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9.	Does the applicant currently own or operate an ATM(s) in any jurisdiction that does <u>NOT</u> require a permit, registration, or license? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "yes", provide a list of the state(s), number of ATM(s) and the location(s) on a separate sheet of paper.					
SECTION 3 – ATM SERVICES AND ASSOCIATED FEES						
1.	Provide the Installation Date of the initial ATM: ____/____/____ <div style="text-align: center;">Month Day Year</div>					
2.	Provide the Serial Number, Data Line or Account Number of ATM: <div style="background-color: #cccccc; height: 1.2em; width: 100%; margin-top: 5px;"></div>					
3.	Indicate <u>SERVICE (S) TO BE PROVIDED</u> by this ATM and the TRANSACTION FEE (S) . <i>(Check <u>ALL</u> that apply)</i>					
	<input type="checkbox"/> Dispense Cash				\$.	
	<input type="checkbox"/> Determine Account Balances				\$.	
	<input type="checkbox"/> Transfer Funds Within an Institution				\$.	
	<input type="checkbox"/> Other Service(s) (List and explain in the space provided below)				\$.	
If you checked "Other", provide an explanation of the service(s) below:						



DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
BANKING BUREAU

INITIAL ATM APPLICATION - GENERAL INFORMATION FORM

GENERAL INFORMATION - Applicants MUST answer ALL of the following questions.

Instructions: Applicant must respond to all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to any of the questions listed below you must provide complete details on a separate sheet of paper including copies of all relevant court documents. Documents should indicate the date, location, and disposition of the offense or infraction.

**DISB
USE
ONLY**

A. Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.

Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Insurance Securities, and Banking proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

ENTER APPLICANT'S FEIN# or SSN# HERE:

As of this date, DO YOU OWE more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:

1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority Fee; or
6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?

Note: If you answered "Yes" to this question, please submit proof of the arrangements you have made to pay the outstanding debt. If you do not have a payment schedule to pay the amount owed, or if no appeal is pending, your application may be denied.

YES NO
☐ ☐

B. Have you ever been convicted of a crime involving moral turpitude, fraud, misrepresentation, deceit, or the misuse of funds?

YES NO
☐ ☐

C. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action involving moral turpitude, fraud, misrepresentation, deceit, or the misuse of funds?

YES NO
☐ ☐

D. Have you been sued in a civil action within the last 10 years, other than a proceeding in family court?

YES NO
☐ ☐

E. Have you ever been refused coverage under a fidelity or surety bond, or has any surety company paid out any funds on your coverage, or canceled such coverage?

YES NO
☐ ☐

F. Have you filed bankruptcy or served as principal or officer in any firm, corporation, partnership, association, or other business, which has failed in business, made a compromise with creditors, filed a bankruptcy petition, or been declared bankrupt?

YES NO
☐ ☐

G. Are you currently the subject of an administrative action or order issued by an administrative agency of the District, the federal government, or any other state or territory of the United States, or the government of any other country?

YES NO
☐ ☐

REMINDER: An affirmative answer to ANY of the above questions must be explained in detail on a separate 8.5" x 11" sheet of paper.

NOTE: If a corporation/LLC, president and one officer must sign; if a partnership, at least two partners must sign; if sole proprietorship, owner must sign.

THE APPLICANT RESPONDED TO THE ABOVE GENERAL INFORMATION QUESTIONS ON ____/____/____, AND ACKNOWLEDGES UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE, CORRECT AND COMPLETED TO THE BEST OF MY/OUR KNOWLEDGE, INFORMATION, AND BELIEF. I/WE UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS APPLICATION, INCLUDING ALL WRITINGS AND EXHIBITS HERETO, IS PUNISHABLE BY CRIMINAL PENALTIES.

1. _____

2. _____

**DISB
USE
ONLY**

☐

APPLICANT'S NAME (Please Print)

APPLICANT'S SIGNATURE

DATE

☐



DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING

BANKING BUREAU

INITIAL ATM REGISTRATION APPLICATION

APPLICATION AFFIDAVIT, ACKNOWLEDGEMENT, AND SIGNATURE OF APPLICANT.

NOTE: If a corporation/LLC, President and one officer must sign; if a partnership, at least two partners must sign; if sole proprietorship, owner must sign.

THE UNDERSIGNED HEREBY CERTIFIES, UNDERSTANDS, OR AGREES TO THE FOLLOWING:

1. To the correctness, completeness, and accuracy of the information as submitted in the application and supplements thereto.
2. To comply with all the rules and regulations lawfully issued and promulgated by the Commissioner of the District of Columbia Department of Insurance, Securities and Banking.
3. To operate registered ATM's in accordance with the provisions of the Automated Teller Machine Act of 2000 effective June 9, 2001 (D.C. Law 13-308; D.C. Official Code 26-131.01 et seq.)
4. To authorize the Commissioner of the District of Columbia Department of Insurance, Securities and Banking (DISB) to conduct any investigation into the background of the applicant for the purpose of registering the subject ATM.
5. To promptly submit any further information which may be required for the consideration of this application.
6. To notify the Commissioner of the District of Columbia Department of Insurance, Securities and Banking of any changes in the information contained in this application, and further agrees to obtain written permission in advance for any change of address.
7. That the request for information is continuing in nature; therefore, the individual providing the answers must retain a copy of this completed form. Should, at any time, new or different information than that provided to the Commissioner come to the attention of the person executing the affidavit below, he or she is required to inform the Commissioner of that change in writing as soon as possible.
8. That the registration for which you are applying is subject to examination/investigation by the Department of Insurance, Securities and Banking at any time during regular business hours with or without prior notice, if the Department deems such an examination/investigation necessary or desirable.

"I/WE HEREBY SWEAR AND AFFIRM THAT THE INFORMATION CONTAINED HEREIN AND ATTACHMENTS HERETO ARE TRUE CORRECT AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. FURTHER, THE PROVISIONS OF THE DISTRICT OF COLUMBIA FOR WHICH THE APPLICANT IS APPLYING, HAVE BEEN REVIEWED BY THE PRINCIPALS OF THE APPLICANT AS LISTED HEREIN AND ALL EMPLOYEES OF THE APPLICANT WILL BE MADE AWARE OF SUCH LAWS AND REGULATIONS AND CHANGES ENACTED HEREAFTER. IT IS THE PURPOSE OF THIS APPLICATION TO PERMIT THE DISTRICT OF COLUMBIA DEPARTMENT OF INSURANCE, SECURITIES AND BANKING, ITS OFFICIALS, AND EXAMINERS TO GRANT A REGISTRATION TO OPERATE A NON-DEPOSITORY AUTOMATED TELLER MACHINE (ATM) AND ANY FALSE STATEMENT OR OMISSION OF MATERIAL INFORMATION IN CONNECTION WITH THIS APPLICATION SHALL BE PUNISHABLE AS PROVIDED BY LAW, AND MAY RESULT IN THE DENIAL OF THE REGISTRATION APPLICATION OR POSSIBLE REVOCATION OF ANY REGISTRATION OR LICENSE GRANTED BY THE DEPARTMENT OF INSURANCE, SECURITIES AND BANKING, AND COULD RESULT IN LEGAL ACTION INITIATED AGAINST THE APPLICANT."

Personally appeared

1. _____
(Print Name and Title)

Signature

2. _____
(Print Name and Title)

Signature

and acknowledged this instrument in the STATE OF _____ }
COUNTY OF _____ }

Original Seal or Stamp Must be affixed

(SEAL)

On this _____ day of _____, 20 _____,

(Notary Public) or (Commissioner of Superior Court)

(Commission Expiration Date)